



LETTER OF INTENT

HAZARD MITIGATION GRANT PROGRAM

Washington State Military Department

Emergency Management Division

Camp Murray, WA 98430

PRESIDENTIAL DISASTER DECLARATION (FEMA-1361-DR-WA)

Nisqually Earthquake - February 2001

The purpose of this form is to establish your agency's interest in the Hazard Mitigation Grant Program and to identify projects that are a priority for your jurisdiction to reduce or eliminate future emergency or disaster costs. ***This is NOT the Public Assistance (permanent repair and restoration) program. The Hazard Mitigation Grant Program does not pay for repair work.***

Name/Address of Jurisdiction:

Basis of Eligibility:

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> State Government | <input type="checkbox"/> Indian Tribe |
| <input type="checkbox"/> Local Government | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Special Purpose District | |
| <input type="checkbox"/> Private Non-Profit Organization | |

County of Jurisdiction: _____

Contact Person: _____ Phone Number: () _____

PROJECT PROPOSED

Please provide the following information:

DO NOT include projects that are eligible under the Public Assistance Program for the permanent repair and restoration of damaged public facilities.

1. Estimated Cost of Project: _____

2. Description of Problem: _____

3. Description of Project: _____

4. How is this project related to a disaster (versus deferred maintenance): _____

Hazard Mitigation Grant Program

5. How will this project solve your disaster related problem? _____
6. Estimated benefit of this project*: _____
*This can include previous damages, future damages mitigated, and property value losses prevented.
7. Source of Local Share: _____ (at least 12.5% of estimated costs)
8. What is the Life of the project (in years)? _____

Please answer the following yes or no questions to determine if your project will be eligible for consideration for a Hazard Mitigation Grant. Does the project:

- | | | |
|---|------------------------------|-----------------------------|
| 1. Substantially reduce the risk of future damage, hardship, loss, or suffering from a hazard? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Address a problem that is repetitive or that poses a significant risk if left unsolved? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Contribute substantially to a long-term solution? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Provide cost effective protection over the expected project life? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Conform with federal and state environmental regulations? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Have manageable future maintenance requirements? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Reflect the most practical, effective and environmentally sound solution from among all alternatives considered. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If you have answered No to any of the above questions, your project may not be eligible for a Hazard Mitigation Grant.

Additionally, is your jurisdiction participating and in good standing in the National Flood Insurance Program (NFIP)? ☐ Yes ☐ No

If the answer is **No**, your project will **not** be considered.

PLEASE RETURN THIS FORM NO LATER THAN:

April 30, 2001

Return Address:

State Hazard Mitigation Officer
Washington State Military Department
Emergency Management Division
Building 20
Camp Murray, WA 98430-5122

This is NOT an application. You will be contacted and sent an application at a later date in the near future. If you have any questions, contact the State Hazard Mitigation Officer at (253) 512-7073